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### The Wass report

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## The Scottish response

The editorial by Lawson and Kumar on the lack of progress in implementing the recommendations of the 2016 Wass report (1) is timely and welcome (2). We would like to highlight the response in Scotland. In early 2018, Scottish Government Health Workforce Directorate established a short life working group on increasing undergraduate medical education in primary care. The membership comprised senior civil servants from Health Workforce, Primary Care and Health and Care Analysis, NHS Education Scotland, Scottish Funding Council, Undergraduate Deans, RCGP Scotland, Scottish GPs' Committee of the BMA, NHS Scotland Health Boards, medical students and all GP Heads of Teaching or equivalent in Scottish medical schools. This group was supported by a NES group examining ACT (Additional Cost of Teaching) in primary care in Scotland.

The issue of funding for practices, as discussed in the editorial, was crucial. The methodology of Rosenthal et al (3) was validated in Scottish practices, and a median figure of £85 per student per session was identified.

The final report, *Undergraduate medical education in Scotland—enabling more general practice based teaching*, comprising ten recommendations covering capital investment, improving digital access and connectivity, a rise in the tariff as set out above, growing the GP educator workforce, strengthening the leadership role of GP HoTs and monitoring and research, was published in October 2019 (4). It was endorsed by the Board for Academic Medicine and supported by Ms Jeanne Freeman, Cabinet Secretary for Health (5). Support includes the increase in funding for practices, which starts in April 2020.

This is an important step forward in Scotland. However, delivering on Professor Val Wass's report was always going to be challenging, and much remains to be done in Scotland and elsewhere. Evaluating the impact and monitoring the delivery of all the ten Scottish recommendations is under discussion but, of course, will have to await the resolution of the COVID-19 emergency.

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